

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF GEORGIA  
Atlanta DIVISION

FILED IN CLERK'S OFFICE  
U.S.D.C. Atlanta

JUL 30 2019

JAMES N. HATTEN, Clerk  
By:  Deputy Clerk

Nancy E. Cipriani  
(Print your full name)

Plaintiff *pro se*,

v.

Bed, Bath, & Beyond, Inc.

\_\_\_\_\_  
(Print full name of each defendant; an  
employer is usually the defendant)

Defendant(s).

CIVIL ACTION FILE NO.

**1 19-CV-3424**

(to be assigned by Clerk)

**PRO SE EMPLOYMENT DISCRIMINATION COMPLAINT FORM**

**Claims and Jurisdiction**

1. This employment discrimination lawsuit is brought under (check only those that apply):

\_\_\_\_\_ Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000e et seq., for employment discrimination on the basis of race, color, religion, sex, or national origin, or retaliation for exercising rights under this statute.

**NOTE:** To sue under Title VII, you generally must have received a notice of right-to-sue letter from the Equal Employment Opportunity Commission ("EEOC").

\_\_\_\_\_ Age Discrimination in Employment Act of 1967, 29 U.S.C. §§ 621 et seq., for employment discrimination against persons age 40 and over, or retaliation for exercising rights under this statute.

**NOTE:** To sue under the Age Discrimination in Employment Act, you generally must first file a charge of discrimination with the EEOC.



\_\_\_\_\_ Americans With Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq., for employment discrimination on the basis of disability, or retaliation for exercising rights under this statute.

**NOTE:** To sue under the Americans With Disabilities Act, you generally must have received a notice of right-to-sue letter from the EEOC.

\_\_\_\_\_ Other (describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. This Court has subject matter jurisdiction over this case under the above-listed statutes and under 28 U.S.C. §§ 1331 and 1343.

**Parties**

3. Plaintiff. Print your full name and mailing address below:

Name Nancy E. Cipriani  
Address 1421 Frontier Dr.  
Sugar Hill, GA 30518

4. Defendant(s). Print below the name and address of each defendant listed on page 1 of this form:

Name Bed, Bath, & Beyond Inc.  
Address 860 John B. Brooks Road  
Pendergrass ~~GA~~, GA 30567

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

**Location and Time**

5. If the alleged discriminatory conduct occurred at a location different from the address provided for defendant(s), state where that discrimination occurred:

N/A  
\_\_\_\_\_  
\_\_\_\_\_

6. When did the alleged discrimination occur? (State date or time period)

I began my employment with Defendant in Nov. 2016, as a Gift Wrapping Associate. On Dec. 17, 2018, I requested an accommodation. On February 18, 2019, I was approved for a temporary accommodation although my condition is permanent. On May 17, 2019 my accommodation ended. Since May 2019 and continuing the above named employer has refused to renew my restrictions/accommodations. During my employment, I was subjected to harassment from my co-workers. No action has been taken by my employer.

### Administrative Procedures

7. Did you file a charge of discrimination against defendant(s) with the EEOC or any other federal agency? ☒ Yes ☐ No

If you checked "Yes," attach a copy of the charge to this complaint.

8. Have you received a Notice of Right-to-Sue letter from the EEOC?

☒ Yes ☐ No

If you checked "Yes," attach a copy of that letter to this complaint and state the date on which you received that letter:

June 23, 2019 and July 12, 2019.

9. If you are suing for **age discrimination**, check one of the following:

☐ 60 days or more have elapsed since I filed my charge of age discrimination with the EEOC

☐ Less than 60 days have passed since I filed my charge of age discrimination with the EEOC

10. If you were employed by an agency of the State of Georgia or unsuccessfully sought employment with a State agency, did you file a complaint against defendant(s) with the Georgia Commission on Equal Opportunity?

\_\_\_\_ Yes

\_\_\_\_ No

☒ Not applicable, because I was not an employee of, or applicant with, a State agency.

If you checked "Yes," attach a copy of the complaint you filed with the Georgia Commission on Equal Opportunity and describe below what happened with it (i.e., the complaint was dismissed, there was a hearing before a special master, or there was an appeal to Superior Court):

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11. If you were employed by a Federal agency or unsuccessfully sought employment with a Federal agency, did you complete the administrative process established by that agency for persons alleging denial of equal employment opportunity?

\_\_\_\_ Yes

\_\_\_\_ No

☒ Not applicable, because I was not an employee of, or applicant with, a Federal agency.

If you checked "Yes," describe below what happened in that administrative process:

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**Nature of the Case**

12. The conduct complained about in this lawsuit involves (check only those that apply):

☐ failure to hire me  
☐ failure to promote me  
☐ demotion  
☐ reduction in my wages  
☐ working under terms and conditions of employment that differed from similarly situated employees  
☒ harassment  
☐ retaliation  
☐ termination of my employment  
☒ failure to accommodate my disability  
☐ other (please specify) \_\_\_\_\_

13. I believe that I was discriminated against because of (check only those that apply):

☐ my race or color, which is \_\_\_\_\_  
☐ my religion, which is \_\_\_\_\_  
☐ my sex (gender), which is \_\_\_\_\_ male \_\_\_\_\_ female  
☐ my national origin, which is \_\_\_\_\_  
☐ my age (my date of birth is \_\_\_\_\_)  
☒ my disability or perceived disability, which is:  
 cannot lift more than 10 lbs.; cannot work more than 8 hours for shift; lifting & stamina limited because of back and leg conditions, shoulder, neck, and hand also part of condition  
☐ my opposition to a practice of my employer that I believe violated the federal anti-discrimination laws or my participation in an EEOC investigation  
☐ other (please specify) \_\_\_\_\_

14. Write below, as clearly as possible, the essential facts of your claim(s). Describe specifically the conduct that you believe was discriminatory or retaliatory and how each defendant was involved. Include any facts which show that the actions you are complaining about were discriminatory or retaliatory. Take time to organize your statements; you may use numbered paragraphs if you find that helpful. Do not make legal arguments or cite cases or statutes.

See paragraphs 6 and 16.

Earline Jones, HR Manager is hostile to individuals with disabilities, including me.

She is mocking and dismissive of my disability. She treats me like I am a ridiculous person and does not want to be bothered by my concerns.

Jones does not want to be bothered with a disability accommodation.

Jones does not want to help me, she gives me the run around directing me to third parties who cannot be reached.

There is no reason for me to be intimidated as I am simply trying to engage in an interactive process with my employer.

I want to work. I can do many things. I can do my job. I just need my employer to respect me, take me seriously, and not ignore and mistreat my legitimate concerns.

(Attach no more than five additional sheets if necessary; type or write legibly only on one side of a page.)

15. Plaintiff X still works for defendant(s)  
no longer works for defendant(s) or was not hired

16. If this is a disability-related claim, did defendant(s) deny a request for reasonable accommodation? X Yes \_\_\_\_\_ No

If you checked "Yes," please explain: See Paragraph 6 and  
EEOC Charge particulars. Accommodation was  
granted for only temporary period and  
company will not respond to request to continue  
or engage in interactive process

17. If your case goes to trial, it will be heard by a judge unless you elect a jury trial. Do you request a jury trial? X Yes \_\_\_\_\_ No

### **Request for Relief**

As relief from the allegations of discrimination and/or retaliation stated above, plaintiff prays that the Court grant the following relief (check any that apply):

X Defendant(s) be directed to accommodate Plaintiff's  
disability

X Money damages (list amounts) to be determined

X Costs and fees involved in litigating this case

X Such other relief as may be appropriate



**PLEASE READ BEFORE SIGNING THIS COMPLAINT**

Before you sign this Complaint and file it with the Clerk, please review Rule 11 of the Federal Rules of Civil Procedure for a full description of your obligation of good faith in filing this Complaint and any motion or pleading in this Court, as well as the sanctions that may be imposed by the Court when a litigant (whether plaintiff or defendant) violates the provisions of Rule 11. These sanctions may include an order directing you to pay part or all of the reasonable attorney's fees and other expenses incurred by the defendant(s). Finally, if the defendant(s) is the prevailing party in this lawsuit, costs (other than attorney's fees) may be imposed upon you under Federal Rule of Civil Procedure 54(d)(1).

Signed, this 25 day of July, 2019

Nancy E. Cipriani  
(Signature of plaintiff *pro se*)

Nancy E. Cipriani  
(Printed name of plaintiff *pro se*)

1421 Frontier Dr.  
(street address)

Sugar Hill, GA 30518  
(City, State, and zip code)

cipriani0920@gmail.com  
(email address)

(706) 880-1076  
(telephone number)